## CONTRACT #2 RFS # 318.66-026

## Department of Finance & Administration/Bureau of TennCare

VENDOR: Volunteer State Health Plan, Inc. (TennCare Select)

## REQUEST: NON-COMPETITIVE AMENDMENT

**RECEIVED** 

JUN 2 0 2005

## FISCAL REVIEW

APPROVED	
Commissioner of Finance & Administration	
Date:	

A REQUEST CAN NOT I	ns below indicates specific info BE CONSIDERED IF INFORMAT ACH OF THE REQUIREMENTS I	TION PROVIDE	nust be individually detailed or add D IS INCOMPLETE, NON-RESPONS AS REQUIRED.	ressed <u>as required</u> . SIVE, OR DOES NOT
RFS# 318.66-0	026			
STATE AGENCY NAME:	Deparatment of Finance an	d Administrati	ion, Bureau of TennCare	
SERVICE CAPTION:	Provides TennCare covered MCO's fail.	d services to c	children in State custody and provi	ides a safety net should other
CONTRACT#	FA-02-14632-00		PROPOSED AMENDMENT#	11
CONTRACTOR:	Volunteer State Health Plan	, Inc.		
CONTRACT START DATE		July 1, 2001		
CURRENT, LATEST POSS (including ALL options to ext		12/31/2005		
CURRENT MAXIMUM LIAE	BILITY:	\$286,520,36	61.90	
LATEST POSSIBLE END D (including ALL options to ext	ATE <u>WITH</u> PROPOSED AMI lend)	ENDMENT:	12/31/2005	
TOTAL MAXIMUM COST W (including ALL options to ext	<u>VITH</u> PROPOSED AMENDME end)	ENT:	\$286,520,361.90	
APPROVAL CRITERIA : (select one)	use of Non-Competit	ive Negotiati	on is in the best interest of the	state
	only one uniquely qu	alified servic	ce provider able to provide the	service
ADDITIONAL REQUIRED R	REQUEST DETAILS BELOW	(address ead	ch item immediately following the	requirement text)
(1) description of the prop	osed additional service and	d amendmen	l effects :	

Implements the TennCare Reform language as approved by CMS and the courts; Requires NCQA accrediation; strengthens conflict of interst disclosure requirements; strengthens MCO financial requirements; establish and maintain web site for providers which provides enrollee patient information to be readily available to providers, as well as various other housekeeping issues involving language clarifications.
(2) explanation of need for the proposed amendment :
Due to TennCare changes recently approved by CMS and courts, it is necessary to amend the MCO contracts to conform to changes as well as providing needed amended requirements and language clarifications.
(3) name and address of the proposed contractor's principal owner(s):  (not required if proposed contractor is a state education institution)
BlueCross BlueShield 801 Pine St Chattanooga,TN 37402
(4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :  (required <u>only</u> if the subject service involves training for state employees)
select one: Documentation Not Applicable to this Request Documentation Attached to this Request
(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation:
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.
(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :
The Bureau of TennCare is attempting to modify all of the MCO contracts to conform to recent changes in the Program. This amendment will allow continuation of services to the enrollees and further clarify their responsibilities. TennCare would greatly appreciate the approval of this amendment by the Department of Finance and Administration.
AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)  SIGNATURE DATE:

	<u> </u>					<del></del>	-
		CONTRA	ACT SUMMARY	SHEET			
RFS Number:	318.66-026			Contract Number:	FA-02-14632-11		
State Agency:	Department of Finance a	nd Administration		Division:	Bureau of TennCare		•
	Co	ontractor		Conf	ract Identification	Number	
VSHP (TennCa	are Select)			□ V-			ı
			Service Description				
Managed Care	Organization Service	es (ASO) / Medically	necessary Health Ca	re Services to the	TennCare / Medi	caid Population	
	Contra	ct Begin Date			Contract End Da	te	
	7.	/1/2001			12/31/2005		
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
318.66	. 532	134	11	☐ STARS			
			Interdepartmental			Amount (includir	ng
FY	State Funds	Federal Funds	Funds	Other Funding		mendments	
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	18,599,868.	
2003	\$ 15,785,123.40	\$ 17,294,819.40		<u></u>	\$	33,079,942.	_
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	63,490,156	
2005	\$ 58,007,447.00	\$ 58,007,447.00			\$	116,014,894	
2006	\$27,667,750.00	\$ 27,667,750.00			\$	55,335,500	
Total:	\$133,342,248.35	\$ 153,178,113.55				286,520,361	
CFDA#	93.778 Title XIX Dept	t. of Health &Human S	vcs.		Check the box ON	LY if the answer is `	YES:
	State F	iscal Contract		is the Contractor a	SUBRECIPIENT? (pe	r OMB A-133)	
Name:	Dean Daniel					•	
Address:	729 Church Street			is the Contractor a	Vendor? (per OMB A	·-133)	-
Phone:	Nashville, TN (615)532-1362			is the Fiscal Year F	unding STRICTLY LI	MITED?	
Pi	rocuring Agency Bud	get Officer Approval S	ignature	Is the Contractor o	n STARS?		<u> </u>
Scott Pierce				Is the Contractor's	FORM W-9 ATTACH	ED?	_
SCOR FIERCE				Is the Contractor's	ls the Contractor's Form W-9 Filed with Accounts?		
	COMPLETE FOR A	ALL AMENDMENTS (o		Durant to T.C.A	Funding Certifica Section 9-6-113, I, M.		
Base Contract & Prior  Amendments  This Amendment			This Amendment ONLY	Commissioner of Fi	nance and Administati	on, do hereby certify	that
			THE ARGIGMENT OAL)	there is a balance in	n the appropriation from	n which this obligation	n is
4 10 700 100 10				required to be paid	that is not otherwise e	ncumbered to pay	
00.070.040.00				obligations previous	sly incurred.	•	
FY: 2003		\$ 63,490,156.62		1			
FY: 2004		\$116,014,894.00		† · · · · · · · · · · · · · · · · · · ·			•
FY: 2005		\$55,335,500.00		7			
FY: 2006	T-4-1-	\$ 386 530 361 00		1			

<u> </u>		CONTRA	CT SUMMARY	SHEET		
FS Number:	Yumber: 318.66-026				FA-02-14632-10	
	Department of Finance ar	nd Administration	Division:	Bureau of TennCare		
tate Agency:		<del></del>		Contr	act Identification	Number
	Co	ntractor		U- V-		<del></del>
/SHP (TennCa	re Select)			□ c		
			Service Description		TennCare / Mod	said Population
lanaged Care	Organization Service	es (ASO) / Medically I	necessary Health Ca	are Services to the	Contract End Da	fo.
		ct Begin Date			Contract Life Da	le
		/1/2001			12/31/2005	•
	:			Grant	Grant Code	Subgrant Code
Allotment Code	Cost Center	Object Code	Fund			
318.66	532	134	11	☐ STARS		
310.00			Interdepartmental Funds	Other Funding		t Amount (including mendments
FY	State Funds	Federal Funds	Fullus		\$	18,599,868.48
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	33,079,942.80
2003	\$ 15,785,123.40	\$ 17,294,819.40	<u> </u>		\$	63,490,156.62
2004	\$ 25,125,990.72	\$ 38,364,165.90		<del> </del>	\$	116,014,886.00
2005	\$ 58,007,443.00	\$ 58,007,443.00			\$	55,335,500.0
2006	\$27,667,750.00	\$ 27,667,750.00			\$	286,520,353.9
Total	\$133,342,244.35	\$ 153,178,109.55		<del></del>	Check the box Ol	ILY if the answer is YE
CFDA#	93.778 Title XIX Dep	t. of Health &Human S	5VCS		SUBRECIPIENT? (p	
	State	Fiscal Contract				ì
Name:	Dean Daniel	<del></del>		Is the Contractor a	Vendor? (per OMB	A-133)
Address:	729 Church Street			,	<u> </u>	1
Phone:	Nashville, TN (615)532-1362		·	Is the Fiscal Year	Funding STRICTLY I	TIMITIED :
		dget Officer Approval	Signature	Is the Contractor	on STARS?	
<u> </u>	Procuring Agency Bu	//		Is the Contractor	s FORM W-9 ATTAC	HED?
Scott Pierce	AH (M	1			s Form W-9 Filed wit	1
	500	ALLENDARINTS (	anlu\		Funding Certific	ation
	#OMPLETE FOR	ALL AMENDMENTS ( Base Contract & Prior	·	Pursuant to T.C.A.	, Section 9-6-113, I, N	I. D. Goetz, Jr.,
		Amendments	This Amendment ON	LY Commissioner of f	Finance and Administr	ation, do hereby certify the or which this obligation
	NOT END DATE:	12/31/2004	12/31/2005	There is a halance	that is not otherwise	Olli Wildell Glie Gengeren
	RACT END DATE:	\$ 18,599,868.48			usly incurred.	
FY: 2002	·	\$ 33,079,942.80				
FY: 2003		\$ 63,490,156.62				•
FY: 2004		\$110,671,000.00		00		
FY: 2005 FY: 2006		\$55,335,500.0	0			
r 1: 2000	Tota	al: \$ 281,176,467.90	5,343,886	00	•	

		CONTRA	CT SUMMARY	SHEET		
				Contract Number:	FA-02-14632-09	
S Number:	318.66-026			Di i-i-u	Bureau of TennCare	
tate Agency:	Department of Finance ar	nd Administration	·	Division:	tract Identification N	lumber
	Co	ontractor		V-	radi ideriano	
 'SHP (TennCa	re Select)					
			Service Description	•		-sid Dopulation
Managed Care	Organization Service	es (ASO) / Medically	necessary Health Ca	are Services to th	e TennCare / Medi	
		ct Begin'Date			00:12:40-	<u> </u>
		//1/2001			12/31/2005	
		Object Code	Fund	Grant	Grant Code	Subgrant Code
Allotment Code	Cost Center . 532	134	11 .	☐ STARS	·	
318.66	. 002		Interdepartmental		Total Contract	Amount (including
	a	Federal Funds	Funds	Other Funding	2	mendments 18,599,868.48
FY	State Funds	\$ 11,843,931.25			\$	33,079,942.80
.2002	\$ 6,755,937.23	\$ 17,294,819.40			\$	63,490,156.62
2003	\$ 15,785,123.40	\$ 38,364,165.90			\$	110,671,000.00
2004	\$ 25,125,990.72				\$	
2005	\$ 55,335,500.00		<del> </del>		\$	55,335,500.00
2006	\$26,667,750.00		<del></del>		\$	281,176,467.90
Total	\$129,670,301.35				Check the box Of	ILY if the answer is YE
CFDA#		93.778		<del> </del>	SUPPLICIPIEMT2 (n	er OMB A-133)
- <del>- 0, 2, -</del>	State	Fiscal Contract	<u> </u>		a SUBRECIPIENT? (p	l l
Name:	Dean Daniel			Is the Contractor	a Vendor? (per OMB	A-133)
Address:	729 Church Street	,				ł l
Phone:	Nashville, TN	,	,	is the Fiscal Year	r Funding STRICTLY L	IMITED!
	(615)532-1362	d Approval	Signature	Is the Contractor	on STARS?	
· 1	Procuring Agency Bu	dget Officer Approval	Olg. Law -	Is the Contractor	r's FORM W-9 ATTACH	IED?
Scott Pierce	CHI C	Mun-		Is the Contracto	r's Form W-9 Filed wit	h Accounts?
 	<u> </u>	ANENDMENTS	(only)		Funding Certific	ation
	COMPLETE FOR	R ALL AMENDMENTS Base Contract & Prior	or l	Pursuant to T.C.	A., Section 9-6-113, I, N	I. D. Goeiz, Jr., tion do bereby certify th
	•	Amendments	This Amendment ON		Cinance and Administr	ition, do hereby certify the
		12/31/2004	12/31/2005		e in the appropriation in aid that is not otherwise	encumbered to pay
	RACT END DATE:			required to be pa bligations previ	ously incurred.	
FY: 2002						
FY: 2003					<u> </u>	
FY: 2004				00		•
FY: 2005		\$39,155,080.0	\$55,335,500	.00	ti e	•
FY: 2006	<u> </u>	- 154 COE DATE				*
	Tota	al: \$ 154,325,047.9	υ φ 120,001,420	<del></del>		

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	<del></del>	CONTRA	ACT SUMMARY	SHEET			
FS Number:	318.66-026			Contract Number:	FA-02-14632-08		
tate Agency:	Department of Finance a	and Administration	Division:	Bureau of TennCare			
	<u> </u>	ontractor			act Identification I	Number	
		0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<b>│                                    </b>			
/SHP (TennCa	are Select)			<u> </u>			
			Service Description				
Managed Care	Organization Servi	ces (ASO) / Medically	necessary Health C	are Services to the	TennCare / Medi	caid Population	
		act Begin Date			CONGACT ENG DA	le	
		7/1/2001			12/31/2004		
	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code	
Allotment Code 318.66	532	134	11	☐ STARS			
	Otata Francis	Federal Funds	Interdepartmental Funds	Other Funding	ALL a	Amount (including mendments	
FY	\$ 6,755,937.23				\$	18,599,868.4	
2002	\$ 15,785,123.40				\$	33,079,942.8 63,490,156.6	
2003	\$ 25,125,990.72				\$	39,155,088.0	
2004	\$ 13,935,109.85				\$	39, 130,000.0	
					\$	154,325,055.9	
Total	: \$ 61,602,161.20	\$ 92,722,894.70				ILY if the answer is Y	
CFDA#		93.778					
	State	Fiscal Contract		Is the Contractor a	SUBRECIPIENT? (p	er OMB A-133)	
Name:	Dean Daniel		•	Is the Contractor a	Vendor? (per OMB	A-133)	
Address:	729 Church Street				<del></del>	1	
Phone:	Nashville, TN (615)532-1362		·		Is the Fiscal Year Funding STRICTLY LIMITED?		
		idget Officer Approval	Signature	Is the Contractor	on STARS?		
	/	51		Is the Contractor's	FORM W-9 ATTACH	IED?	
Scott Pierce Keth Hatthe			•	<u> </u>	s Form W-9 Filed wit	h Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)					Funding Certific	ation	
Base Contract & Prior				Pursuant to T.C.A.	, Section 9-6-113, I, M	l. D. Goetz, Jr., tion, do hereby certify t	
Amendments This Amendme			This Amendment ON	Thora is a halance	in the andiounation is	tion, do hereby certify the om which this obligation	
CONTR	RACT END DATE:			required to be paid	I that is not otherwise	encumbered to pay	
FY: 2002	FY: 2002 \$ 18,599,868.48			obligations previou	ısly incurred.	•	
FY: 2003		\$ 33,079,942.80		<b>-</b> -  `		<u> </u>	
FY: 2004	FY: 2004 \$ 63,490,156.62 FY: 2004 \$ 34,094,974.00 \$5,060			00			
FY: 2005		\$ 34,094,974.00	ψο,οσος, ι ι ι .			•	
FY:		- 1 C 140 264 041 00	5.060,114	00			

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Office of Contracts Review

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		CONTRA	CT SUMMARY	SHEET	<del></del>	
FS Number:	318.66-026			Contract Number:	FA-02-14632-07	
itate Agency:	Department of Finance ar	nd Administration		Division:	Bureau of Tenn Care	
tate Agency.		entractor		Cont	ract Identification N	lumber-
		///II actor		V-	•	:
/SHP (TennCa	are Select)		<u> </u>	│		<u></u>
			Service Description		-	
Managed Care	Organization Service	es (ASO) / Medically	necessary Health C	are Services to the	E TennCare / Medi	caid Population
·	Contra	ct Begin Date		<del> </del>		C
	7	/1/2001			12/31/2004	Cub-rent Code
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	532	134	·11	☐ STARS	T-t-l Cautront	Amount (including
<u></u>	<del> </del>		Interdepartmental	Other Fredition		mendments
FY	State Funds	Federal Funds	Funds	Other Funding	\$	18,599,868.48
2002	\$ 6,755,937.23	\$ 11,843,931.25		<del> </del>	\$	33,079,942.80
2003	\$ 15,785,123.40	\$ 17,294,819.40	<u> </u>		\$	63,490,156.62
2004	\$ 25,125,990.72	\$ 38,364,165.90			\$	34,094,974.00
2005	\$ 12,121,615.63	\$ 21,973,358.37				
	1: \$ 59,788,666.98	\$ 89,476,274.92	<del> </del>		\$	149,264,941.90
Total	1: \$ 59,766,000.90	93.778			Check the box ON	LY if the answer is YE
CFDA#				Is the Contractor	a SUBRECIPIENT? (pe	er OMB A-133)
		Fiscal Contract			<del></del>	i
Name: Address:	Dean Daniel 729 Church Street	•	•	Is the Contractor	a Vendor? (per OMB /	
Phone:	Nashville, TN			Is the Fiscal Year	Funding STRICTLY L	IMITED?
	(615)532-1362	Approval	Signature	is the Contractor	on STARS?	
<u> </u>	Procuring Agency But	dget Officer Approval	)	S. I. Al Contractor	's FORM W-9 ATTACH	FD7
Dean Daniel	1 Jann	1, mues	2 6/24/0	. / <del> </del>	's Form W-9 Filed with	Ţ,
	COMPLETE FOR	ALL AMENDMENTS			Funding Certific	ation
<b> </b>	COMPLETE FOR	Base Contract & Prio	r j	Pursuant to T.C.A	, Section 9-6-113, I, M	. D. Goetz, Jr., tion, do bereby certify th
		Amendments	This Amendment Of	there is a halance	in the appropriation fro	tion, do hereby certify th om which this obligation
CONTR	RACT END DATE:	10 500 000 40		required to be pai	d that is not otherwise of	encumbered to pay
FY: 2002		\$ 18,599,868.48 \$ 33,079,942.80		obligations previo	ously incurred.	
FY: 2003		\$ 33,079,942.80 \$ 63,490,156.62				
FY: 2004		\$ 34,094,974.00				
FY: 2005		Ψ 0.,100 1,01 1.00				• •
FY:	Tota	1: \$ 149,264,941.9	0 \$			<del></del>
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FS Number:	318.66-026	• .		Contract Number:	FA-02-14632-06	
tate Agency:	Department of Finance ar	nd Administration		Division:	Bureau of Tenn Care	
		entractor		Cont	ract identification N	lumber
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V-			
'SHP (TennCa	are Select)			<u> </u>		
	@		Service Description			
Managed Care	Organization Service	es (ASO) / Medically	necessary Health 0	Care Services to the	e TennCare / Medi	caid Population
		ct Begin Date			Contract End Dat	<u>e</u>
		/1/2001			12/31/2004	·
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
	<del> </del>	134	11	☐ STARS		
318.66	839	154			Total Contract	Amount (including
			Interdepartmenta Funds	Other Funding	1	mendments
FY	State Funds	Federal Funds	Lilina	0 2.1.3. 1 2.1.3.1.3	\$	18,599,868.48
2002	\$ 6,755,937.23	\$ 11,843,931.25			\$	33,079,942.80
2003	\$ 15,785,123.40	\$ 17,294,819.40 \$ 38,364,165.90	<del></del>		\$	63,490,156.62
2004	\$ 25,125,990.72				\$	34,094,974.00
2005 .	\$ 12,121,615.63	\$ 21,973,358.37	<del>                                     </del>			
	1: \$ 59,788,666.98	\$ 89,476,274.92	<u> </u>		\$	149,264,941 <i>.</i> 90
Tota	i: \$ 59,788,666.98	93.778	<u></u>		Check the box ON	LY if the answer is YES
CFDA#				Is the Contractor	a SUBRECIPIENT? (po	er OMB A-133)
		Fiscal Contract			<del></del>	
Name:	Dean Daniel 729 Church Street	•	•	is the Contractor	a Vendor? (per OMB /	4-100)
Address: Phone:	Nashville, TN	•	•	Is the Fiscal Year	Funding STRICTLY L	IMITED?
	(615)532-1362			Is the Contractor		···
	Procuring Agency Bud	dget Officer Approyal	Signature		•	
		$\cap$ $\cdot$ $\cdot$ $\cdot$	) 1 1	is the Contractor	's FORM W-9 ATTACH	IED?
Dean Daniel	1, 10 am	thansel	12/23/0	3 Is the Contractor	's Form W-9 Filed wit	n Accounts?
	COURL ETE EOP	ALL AMENDMENTS	(only)		Funding Certific	ation
	COMPLETETOR	Base Contract & Prio	r	Pursuant to T.C.A	., Section 9-6-113, I, M	. D. Goetz, Jr.,
1		Amendments	This Amendment O	NLY Commissioner of	Finance and Administration from	tion, do hereby certify tha om which this obligation is
CONT	RACT END DATE:			required to be pai	id that is not otherwise	encumbered to pay
FY: 2002		\$ 18,599,868.4		obligations previo	ously incurred.	
FY: 2003		\$ 33,079,942.8		<u></u>		
FY: 2004		\$ 29,395,182.6	\$ 34,094,974			
FY: 2005		<del></del>	ψ 0-1,00 1,01			,
FY:	Tota	s 81,074,993.9	0 \$ 68,189,948	3.00		
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					L. J	第二元
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	<del></del>	CONTRA	ACT SUMMARY	SHEET	· ·	
RFS Number:	318.66-026			Contract Number:	FA-02-14632-05	
State Agency:	Department of Finance a	nd Administration		Division:	Bureau of TennCare	
	Cr	ontractor		Contr	act identification I	Number
 √SHP (TennCa		<u></u>		□ V- □ C-		
			Service Description			
Managed Care	Organization Service	es (ASO) / Medically	necessary Health Ca	are Services to the	TennCare / Medi	caid Population
	Contra	ct Begin Date			Contract End Dat	te
	.7	7/1/2001			12/31/2003	
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	839	134	11	☐ STARS		
FY	State Funds	Federal Funds	Interdepartmental - Funds	Other Funding	ALL as	Amount (including mendments
2002	\$ 6,755,937.23	\$ 11,843,931.25		AL MOTOR POTA	\$	18,599,868.48
2003	\$ 15,785,123.40	\$ 17,294,819.40	OCR BH	<u>FASEU</u>	\$	33,079,942.80
2004	\$ 13,004,375.09	\$ 16,390,807.53			\$	29,395,182.62
				<del>5-2003</del>		
				<u> </u>	\$	81,074,993.90
Total:	\$ 35,545,435.72	\$ 45,529,558.18		4 T INT C		LY if the answer is YE
CFDA#		93.778		MUNIO _		
<u>.</u>	State	Fiscal Contract		Is the Contractor a	SUBRECIPIENT? (pe	SI OMB A-100)
Name:	Dean Daniel			Is the Contractor a	Vendor? (per OMB A	\-133)
Address: Phone:	729 Church Street Nashville, TN (615)532-1362			Is the Fiscal Year F	unding STRICTLY L	IMITED?
		dget Officer Approval	Signature	Is the Contractor o	n STARS?	
	Todaming rigority /		/ / -	is the Contractor's	FORM W-9 ATTACH	ED?
Dean Daniel	want	and	12/11/03	Is the Contractor's	Form W-9 Filed with	
COMPLETE FOR ALL AMENDMENTS (only)					Funding Certific	ation
Base Contract & Prior Amendments This Amendme			This Amendment ONL	LY Commissioner of Fi	Section 9-6-113, I, M inance and Administat	tion, do hereby certify the
CONTRA	ACT END DATE:		<u> </u>	there is a balance if	n the appropriation fro that is not otherwise e	m which this obligation is encumbered to pay
FY: 2002		\$ 18,599,868.48		obligations previous	sly incurred.	
FY: 2003 \$ 33,079,942.80					17-9-03	
FY: 2004	·	\$ 24,372,429.50	\$ 5,022,753.1	- June	14 1 2	
FY:	<u> </u>	<del> </del>		-		
FY:			F 000 750 1	<del></del>		

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Office of Contracts Review

Allotment Code   Cost Center   Object Code   Fund   Grant   STARS      318.66   839   134   11   STARS	, sa ,	}								L
Solumber				CONTRA	CT S	UMMARY S	SHEET			<u> </u>
State Agency:   Department of Finance and Administration   Division:   Bureau of TennCaré								ımber:	FA-02-14632-04	
Department of Finance and Administration   Contract   Contract   Identification Number									- /TO	
Contract   Contract   Senting   Contract   Con	l						Division:			I bn
Service Description	Late Agenty.							Cont	ract Identification i	number
Service Description							1			
Allotment Code						o Description	<u> </u>			
Contract Begin Date			<del></del>		Servic	e Description	ere Servic	es to the	e TennCare / Medi	caid Population
Contract Begin Date	Managed Care	Organization Servic	es (A	SO) / Medically r	neces	sary Health C	are ocivio		Contract End Dat	te .
Allotment Code		Contra	ct Beg	jin Date			<del> </del>			
Allotment Code   Cost Center   Object Code   Fund   Grant   Grant   Grant Code   Subgrant Code   318.66   839   134   11   STARS     STARS     State Funds   Federal Funds   Funds   Funds   Other Funding   ALL amendments   18,599,8   2002   \$6,755,937.23   \$11,843,931,25   \$18,599,8   \$13,218,509,53   \$15,785,123,40   \$17,294,819,40   \$24,377,4   \$2004   \$11,153,919.98   \$13,218,509,53   \$24,377,4   \$2004   \$11,153,919.98   \$13,218,509,53   \$33,694,980.61   \$42,357,260.18   \$76,052,7   Check the box ONLY if the answer   CFDA#   State Fiscal Contract   Is the Contractor a SUBRECIPIENT? (per OMB A-133)   Is the Contractor a SUBRECIPIENT? (per OMB A-133)   Is the Fiscal Year Funding STRICTLY LIMITED?   Is the Contractor on STARS?   Is the Contractor		7	11/20	 n1		•			12/31/2003	
State Funds	<u>,                                      </u>					Fund	G	rant c	Grant Code	Subgrant Code
State Funds	Allotment Code	Cost Center					.st	ARS	· ]	
FY   State Funds	318.66	839		134			<del> </del>	<u>:</u>	Total Contrac	t Amount (including
## State Funds   \$ 18,389,000   \$ 18,393,23   \$ 11,843,931.25   \$ 24,372,4   \$ 2003   \$ 15,785,123.40   \$ 17,294,819.40   \$ 24,372,4   \$ 2004   \$ 11,153,919.98   \$ 13,218,509.53   \$ 24,372,4   \$ 24,372,4   \$ 2004   \$ 11,153,919.98   \$ 13,218,509.53   \$ 24,372,4   \$ 24,372,4   \$ 2004   \$ 11,153,919.98   \$ 13,218,509.53   \$ 24,372,4   \$ 24,372					inte		Other	Funding	?_ <del> </del>	
2002 \$ 15,785,123.40 \$ 17,294,819.40 \$ 24,372,4 2004 \$ 11,153,919.98 \$ 13,218,509.53 \$ \$ 24,372,4 2004 \$ 11,153,919.98 \$ 13,218,509.53 \$ \$ Check the box ONLY if the answer of the contractor a SUBRECIPIENT? (per OMB A-133)  State Fiscal Contract										
2004 \$ 11,153,919.98 \$ 13,218,509.53 \$ \$ 76,052,7    Total: \$ 33,694,980.61 \$ 42,357,260.18 \$ Check the box ONLY if the answer of the contractor a SUBRECIPIENT? (per OMB A-133)    Name:					_					
Total: \$ 33,694,980.61 \$ 42,357,260.18									<del>_</del>	24,012,120.0
Total: \$ 33,694,980.61 \$ 42,357,260.18 Check the box ONLY if the answer 93.778 Is the Contractor a SUBRECIPIENT? (per OMB A-133)  Name: Address: Phone: Dean Daniel 729 Church Street Nashville, TN (615)532-1362 Is the Contractor on STARS?  Procuring Agency Budget Officer Approval Signature Is the Contractor on STARS?  Dean Daniel COMPLETE FOR ALL AMENDMENTS (only) Is the Contractor's FORM W-9 ATTACHED?  COMPLETE FOR ALL AMENDMENTS (only) Funding Certification Funding Certification  CONTRACT END DATE: Same of Finance and Administration, do hereby of there is a balance in the appropriation from which this obligations previously incurred.  FY: 2003 \$ 33,079,942.80 FY: 2004 \$ 18,366,944.50 \$ 6,005,485.00 FY: EY: 2004 S 18,366,944.50 \$ 6,005,485.00 FY: 2004 S 2005 FY: 2005 FY	2004	\$ 11,130,313.50	+*-			<u> </u>				
State Fiscal Contract  Is the Contractor a SUBRECIPIENT? (per OMB A-133)  Is the Contractor a Vendor? (per OMB A-133)  Is the Contractor a Vendor? (per OMB A-133)  Is the Fiscal Year Funding STRICTLY LIMITED?  Is the Contractor on STARS?  Dean Daniel  Dean Daniel  COMPLETE FOR ALL AMENDMENTS (only)  COMPLETE FOR ALL AMENDMENTS (only)  Funding Certification  Funding Certification  Pursuant to T.C.A., Section 9-6-113, i, M. D. Goetz, Jr.,  Commissioner of Finance and Administation, do hereby of there is a balance in the appropriation from which this obligations previously incurred.  FY: 2002  \$ 18,599,868.48  FY: 2004  \$ 18,366,944.50  \$ 6,005,485.00			<del> </del>						<u> </u>	76,052,240.
State Fiscal Contract  Name: Address: Phone:  Dean Daniel 729 Church Street Nashville, TN (615)532-1362  Dean Daniel Dean Dani	Total	\$ 33,694,980.61	\$	42,357,260.18	<u></u>		<del></del>	<del></del>	Check the box Of	NLY if the answer is Y
Name: Address: Phone: Dean Daniel Address: Phone: Nashville, TN (615)532-1362  Procuring Agency Budget Officer Approval Signature Dean Daniel  COMPLETE FOR ALL AMENDMENTS (only)  COMPLETE FOR ALL AMENDMENTS (only)  CONTRACT END DATE: FY: 2002 FY: 2004 FY: 2006 FY: 2006 FY: 2006 FY: 2007 FY: 2007 FY: 2008 FY: 2008 FY: 2009 FY:				93.778						
Name: Address: Phone:    Dean Daniel   729 Church Street   Nashville, TN   Is the Fiscal Year Funding STRICTLY LIMITED?	Ol Dia	State	Fisca	Contract					<del></del>	
Address: Phone:    729 Church Street Nashville, TN   Is the Fiscal Year Funding STRICTLY LIMITED?   Is the Contractor on STARS?     Dean Daniel	Name:	Dean Daniel					Is the C	ontractor	a Vendor? (per OMB	A-133)
Dean Daniel Complete For All Amendments (only)  CONTRACT END DATE:  FY: 2003  FY: 2004  FY: 2006  FY: 2006  FY: 2006  FY: 2006  FY: 2007  Is the Contractor on STARS?  Is the Contractor on STARS?  Is the Contractor's FORM W-9 ATTACHED?  Is the Contractor's FORM W-9 ATTACHED?  Is the Contractor's FORM W-9 ATTACHED?  FY: 30 A STACHED?  Is the Contractor's FORM W-9 ATTACHED?  FY: 40 A STACHED?  FY: 40 A STACHED?  Is the Contractor's FORM W-9 ATTACHED?  FY: 40 A STACHED?  Is the Contractor's FORM W-9 ATTACHED?  FY: 40 A STACHED?  Is the Contractor's FORM W-9 ATTACHED?  FY: 40 A STACHED?  Is the Contractor's FORM W-9 ATTACHED?  FY: 40 A STACHED?  Is the Contractor's FORM W-9 ATTACHED?  FY: 40 A STACHED?  Is the Contractor's FORM W-9 ATTACHED?  FY: 40 A STACHED?  Is the Contractor's FORM W-9 ATTACHED?  Is the Contractor's FORM W-9 ATTACHED?  Funding Certification  Funding Certificatio							le the F	icral Yea	r Funding STRICTLY	LIMITED?
Dean Daniel  COMPLETE FOR ALL AMENDMENTS (only)  CONTRACT END DATE:  FY: 2003  FY: 2004  FY: 2005  FY: 2004  FY: 2006  Dean Daniel  State Contractor's FORM W-9 ATTACHED?  Is the Contractor's FORM W-9 ATTACHED?  Funding Certification  Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby of there is a balance in the appropriation from which this obligations previously incurred.  FY: 2003  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2005  FY: 2006  FY: 2006  FY: 2007  FY: 2008  FY: 2009  FY: 200	1	(615)532-1362			<u> </u>					
Dean Daniel  COMPLETE FOR ALL AMENDMENTS (only)  COMPLETE FOR ALL AMENDMENTS (only)  Base Contract & Prior Amendments  CONTRACT END DATE:  FY: 2002  FY: 2003  FY: 2004  FY: 2005  This Amendment ONLY  Amendment ONLY  Commissioner of Finance and Administration, do hereby there is a balance in the appropriation from which this obligations previously incurred.  Solution (Amendment ONLY)  FY: 2006  FY: 2007  FY: 2008  FY: 2009  Solution (Amendment ONLY)  Solution (Amendment ONLY)  FY: 2009  Solution (Amendment ONLY)  S	, , , , , , , , , , , , , , , , , , ,	Prospring Agency Bu	dget (	Officer Approval	Signa	ture			•	HED?
COMPLETE FOR ALL AMENDMENTS (Stay)  Base Contract & Prior Amendments  This Amendment ONLY  CONTRACT END DATE:  FY: 2002  FY: 2003  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2005  This Amendment ONLY  Commissioner of Finance and Administration, do hereby of there is a balance in the appropriation from which this obligations previously incurred.  Solution of Finance and Administration, do hereby of there is a balance in the appropriation from which this obligations previously incurred.  FY: 2002  FY: 2003  FY: 2004  FY: 2004  FY: 2004  FY: 2004				1.	)	an full.				
COMPLETE FOR ALL AMENDMENTS (Stay)  Base Contract & Prior Amendments  This Amendment ONLY  CONTRACT END DATE:  FY: 2002  FY: 2003  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2005  This Amendment ONLY  Commissioner of Finance and Administration, do hereby of there is a balance in the appropriation from which this obligations previously incurred.  Solution of Finance and Administration, do hereby of there is a balance in the appropriation from which this obligations previously incurred.  FY: 2002  FY: 2003  FY: 2004  FY: 2004  FY: 2004  FY: 2004	Dean Daniel	1.)00m	1	Breet	ر ا	11/140	) is the (	ontracto	r's Form W-9 Filed Wi	th Accounts?
This Amendment ONLY Commissioner of Finance and Administration, do hereby to there is a balance in the appropriation from which this obligations previously incurred.  FY: 2002  FY: 2003  FY: 2004  FY: 2005  FY: 2004  FY: 2004  FY: 2005  FY: 2005  FY: 2006  FY: 2006  FY: 2007  FY: 2007  FY: 2008  FY: 2008  FY: 2009		COMPLETE FOR	RALL	AMENDMENTS (	only)	- [			A Section 9-6-113. L.	M. D. Goetz, Jr.,
CONTRACT END DATE:  FY: 2002  \$ 18,599,868.48  FY: 2003  \$ 33,079,942.80  FY: 2004  FY: 2004  FY: 2004  FY: 2004  FY: 2004		· ·	Ва	se Contract & Prio		- Amendment O	UIV		F Coorce and Administ	ation, do neteby celuly
FY: 2002 \$ 18,599,868.48 obligations previously incurred.  FY: 2003 \$ 33,079,942.80    FY: 2004 \$ 18,366,944.50 \$ 6,005,485.00    FY: 2004	<u>·</u> _			Amendments	1111		1.	balanc	a in the appropriation I	LOW MUICU SISS ONINGER
FY: 2003 \$ 33,079,942.80   FY: 2004 \$ 18,366,944.50 \$ 6,005,485.00   FY: 2004   FY: 2005 485.00   FY: 2005 4		RACT END DATE:	•	18 500 868 48			require	d to be pa	aid that is not buterwise lovely incurred.	: elicuitibeted to bay
FY: 2004 \$ 18,366,944.50 \$ 6,005,485.00 FY:			<u>_</u> _				obligat	ions previ	Cooly mountain	•
FY: 2004						6,005,485	.00			
EV:			1 4	10,000,044.00	<del>-   *</del>				•	* :
FY: 6 005 485.00										
Total: \$ 70,046,755.78   \$ 6,005,465.00	FY:	Tof	al: \$	70,046,755.7	8 \$	6,005,485	5.00	•		•

	56 a			· · · · · · · · · · · · · · · · · · ·		
		CONTRA	ACT SUMMARY S	HEE!	1	
FS Number:	318-lele	Contract Number:	FA-02-14632-03			
	Department of Finance ar		Division:	Bureau of TennCare		
tate Agency.	· · · · · · · · · · · · · · · · · · ·			Contr	act Identification N	iumber
		ontractor	,	Ŭ V-		
/SHP (TennCa	re Select)			c-	<u> </u>	
			Service Description		TCaro / Modi	sold Population
Managed Care	Organization Service	es (ASO) / Medically	necessary Health Ca	re Services to the	Contract End Dat	te
	Contra	ct Begin Date				
	7	7/1/2001			12/31/2003	
		Object Code	Fund	Grant	Grant Code	Subgrant Code
Allotment Code	Cost Center		11	□ STARS		]
318.66	839	134			Total Contract	: Amount (including
· <u>.                                     </u>			Interdepartmental	Other Funding	ALL at	mendments
FY	State Funds	Federal Funds	Funds	Other Lanening	\$	18,599,868.48
2002	\$ 6,755,937.23	\$ 11,843,931.25 \$ 17,294,819.40			\$	33,079,942.80
2003	\$ 15,785,123.40				\$	18,366,944.50
2004	\$ 9,183,472.25	\$ 3,100,112.23			<del></del>	
_:			<u> </u>	<del> </del>	<del>-\s</del>	70,046,755.78
Total	\$ 31,724,532.88	\$ 38,322,222.90	<u></u>	<del> </del>		ILY if the answer is YE
CFDA#		93.778			a SUBRECIPIENT? (p	
	State	Fiscal Contract				· 1
Name:	Dean Daniel			is the Contractor	a Vendor? (per OMB.	A-133)
Address:	729 Church Street Nashville, TN	•	• •	Is the Fiscal Year	Funding STRICTLY L	IMITED?
Phone:	(615)532-1362			Is the Contractor		
F	Procuring Agency Bu	dget Officer Approval	Signature			
			/ /	is the Contractor	s FORM W-9 ATTACL	HED?
Dean Daniel	1 porte	mo V	6/30/03	is the Contractor	's Form W-9 Filed wit	h Accounts?
	New W	ALL AMENDMENTS	(only)		Funding Certific	ation
	COMPLETE FOR	R ALL AMENDMENTS Base Contract & Price	\T !		, Section 9-6-113, I, M	tion, do hereby certify th
	. ( -	Amendments	This Amendment ONI	un en la a balance	in the appropriation fo	OM MUICH THIS ONLYBUOLL
CONTR	ACT END DATE:				d that is not otherwise	encumbered to pay
FY: 2002				obligations previo	usly incurred.	
FY: 2003				<del>-</del>		
FY: 2004		<del></del>				-
FY:					•	
FY:	<del></del>	<del></del>	- 2	<b>,</b>		

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	<u> </u>	CONTRA	CT SUMMARY S	SHEET	<u>.                                    </u>					
- بنستان	<del> </del>		Contract Number:	FA-02-14632-02	=A-02-14632-02					
mber:	318.66-026		_;	<del></del>	Bureau of TennCare					
; gency:	Department of Finance at	nd Administration		Division:		act Identification Number				
	1	ontractor		ract Identification i	dumber					
			-	C- V-	·	<u> </u>				
•	are Select) .	<u> </u>	Service Description							
			Woolth Ca	are Services to the	TennCare / Medi	caid Population				
ged Čare	e Organization Servic	es (ASO) / Medically r	lecessary riealth of		Contract End Da	te .				
	Contra	ct Begin Date			12/31/2003	•				
	7	/1/2001	•							
	<del></del>	Object Code	Fund	Grant	Grant Code	Subgrant Code				
nent Code			11	STARS						
318.6	6 839	134	· ·		Total Contract Amount (including					
		m I - I Fundo	Interdepartmental Funds	Other Funding	ALL a	mendments				
FY	State Funds	Federal Funds \$ 11,843,931.25			\$	18,599,868.48 33,079,942.80				
2002	\$ 6,755,937.23				\$	18,366,944.50				
2003	\$ 15,785,123.40			· · · · · · · · · · · · · · · · · · ·	\$	10,300,344,30				
2004	\$ 9,183,472.25	\$ 9,183,472.25								
						70,046,755.78				
	al: \$ 31,724,532.88	\$ 38,322,222.90			\$	NLY If the answer is YES				
Tota	al: \$ 31,724,002.00	93,778				•				
CFDA#		Fiscal Contract		Is the Contractor	Is the Contractor a SUBRECIPIENT? (per OMB A-133)					
·	Dean Daniel	FISCAI CONTUGUE		Is the Contractor a Vendor? (per OMB A-133)						
): 	729 Church Street	٠ .								
255: · e:	Nashville, TN			Is the Fiscal Year Funding STRICTLY LIMITED?						
	(615)532-1362	<del></del>		Is the Contractor on STARS?						
	Procuring Agency Bu	dget Officer Approval	Is the Contractor's FORM W-9 ATTACHED?							
n Daniel	1 par	1/ bruch	<u></u>	Is the Contractor's Form W-9 Flied with Accounts?						
	A	ALL AMENDMENTS	Funding Certification  Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel,							
	COMPLETE FOR	R ALL AMENDMENTS ( Base Contract & Prior		Pursuant to T.C.A	, Section 9-0-110, 1, 5 Finance and Administr	ation, do hereby certify the				
	•	Amendments	Pursuant to T.C.A., Section 9-5-115, i. c. Wallet Hospital Y Commissioner of Finance and Administration, do hereby certify the there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay							
	TRACT END DATE:	12/31/2003		id that is not otherwise	encumbered to pay					
	TRACT LIED DATE.	\$ 18,599,868.48		nhlipations previo	ously incurred.	•				
2002		\$ 28,036,976.80		<u> </u>	•					
2003		\$ 18,366,944.50	)							
2004			<del></del>							
		. C 85 003 789 7	8 \$ 5;042,966	<del></del>	•	•				
		T. C. EE DDG 789 78	K   a		•					

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		CONTR	ACT SUMMARY	SHEET					
RFS Number:	318.46-02	φ		Contract Number:	FA-02-14632-01				
State Agency:	Department of Finance a	nd Administration		Division: Bureau of TennCare					
	l	ontractor	Conti	Contract Identification Number					
VSHP (TennCa		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
<u></u>			Service Description						
Managed Care	Organization Servic	es (ASO) / Medically	necessary Health C	are Services to the	TennCare / Med	icaid Population			
	Contra	ct Begin Date			Contract End Da	te			
		/1/2001			12/31/2003				
Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code			
318.66	839	134	11	☐ STARS					
* FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments				
2002	\$ 6,755,937.23	\$ 11,843,931.25	•		\$	18,599,868.48			
2003	\$ 14,018,488.40	\$ 14,018,488.40			\$	28,036,976.80			
2004	\$ 9,183,472.25	\$ 9,183,472.25			\$	18,366,944.50			
				<u> </u>	<u> </u>				
	# 00 057 007 DC	m 25045 904 00			\$	65,003,789.78			
Total:	\$ 29,957,897.88	\$ 35,045,891.90 93,778	<u> </u>	<del></del>		LY if the answer is YES			
CFDA#									
		iscal Contract	Is the Contractor a SUBRECIPIENT? (per OMB A-133)						
Name: Address:	Dean Daniel 729 Church Street			Is the Contractor a Vendor? (per OMB A-133)					
Phone:	Nashville, TN	•		Is the Fiscal Year Funding STRICTLY LIMITED?					
P	[(615)532-1362	get Officer Approval	Signature	Is the Contractor on STARS?					
	( )	ger omder Approve	Is the Contractor's FORM W-9 ATTACHED?						
Dean Daniel	eller /	laniel	Is the Contractor's Form W-9 Filed with Accounts?						
	COMPLETE FOR	ALL AMENDMENTS (	Funding Certification						
		Base Contract & Prior	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administation, do hereby certify that						
201177	OT END DATE:	Amendments 12/31/2002	12/31/2003	there is a balance in	there is a balance in the appropriation from which this obligation is				
FY: 2002	ACT END DATE:	\$ 18,599,868.48	, 12,51,2000	required to be paid that is not otherwise encumbered to pay					
FY: 2002 FY: 2003		\$ 9,670,032.30	\$ 18,366,944.50	obligations previous	ly incurred.				
FY: 2004		9,575,552.55	\$ 18,366,944.5		·				
FY:		<del></del>			,				
FY:									
<del></del>	Total	\$ 28 269 900 78	\$ 36,733,889,0	<u> </u>		•			

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y		C O	NTR	ACT	SU	M M A	R	Y SH	EE	<b>T</b> :- 8	• :		
Contract Number		FA-02-14632-00			State Agency		Tennessee Department of Finance and Administration						
						Division Bureau of TennCare							
Contractor						Vendor ID Number							
VSHP (TennCare Select)						□ V—							
<del></del>				<u></u>	Service D	escription	l_						
Managed	Care Orga	nization Service	es (ASO) / I	Medically ne			ervice	es to the Tenno	Care /	Medicaid Popu	lation		
Contract Begin Date							Contract End Date						
07/01/01	' "		•			12/31/02							
Allotmer	nt Code	Cost Center	r Obj	ect Code	Fu	nd		Grant	Gı	ant Code	Subgrant Code		
318.	.66	839		134	<u> </u>	1	on STARS				<u> </u>		
FY	State Funds			Funds		oartmental unds	1	Other Funding		Total Contract Amount (including ALL amendments)			
2002		5,755,937.23		843,931.25				•		18,599,868.48			
2003		3,512,397.48	6,	157,634.82			+			9,670,032.30			
					· · · · · · · · · · · · · · · · · · ·		+-			,	· · · · · · · · · · · · · · · · · ·		
				_• <u> </u>		<u> </u>	+				, .		
Total	10	0,268,334.71	18,	001,566.07							28,269,900.78		
							mhei	93.778					
	Fiscal Year Funding Is Strictly Limited						CFDA Number 93.778  State Fiscal Contact						
		Contractor is on STARS											
	Current F	Current Form W-9 On File With Accounts						Name Keith Gaither Address					
	Form W-9 Attached				Phone		729 Church Str	ashville TN 372	247-6501				
· []						(615) 532-1362							
	Service F	Procuring Agency Budget Officer Approval Signature											
	Contractor is a SUBRECIPIENT (as defined by OMB Circular A-133)						Keith Gather/RD 6/29/01						
. (	COMPLET	TE FOR ALL	AMENDMI	NTS (only	r) .	Funding Certification							
		Base Co	ntract &	This Ame	endment	Pursuant to	o T.C	A., Section 9-6	-113, 1,	John D. Fergu	son, Commissioner of		
			ior Amendments ONLY			Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.							
Contrac	Contract End Date					otherwise e	encun	bered to pay obl	ligations	s previously incu	rred.		
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